

## STATE OF SOUTH CAROLINA

Re: Request to Amend Tariff from  
Movers Not Shakers of the Carolinas, Inc.

COPY

Posted: D. DukeDept: SADate: 6-23-08

Time: \_\_\_\_\_

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008 - 242 T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Movers Not Shakers of the Carolinas, Inc.Telephone: 864-242-4995Address: c/o S. Allan HillFax: 864-242-5500819 E. North St.

Other: \_\_\_\_\_

Greenville, SC 29601

Email: \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority                      |
| <input type="checkbox"/> Application – Class C Charter  | <input checked="" type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit                         |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request  |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit  |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                                       |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter   |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order   |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                                    |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                                       |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response   |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                                       |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____   |

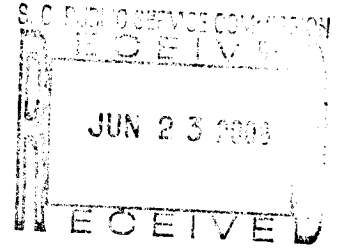
TEMPLE MANN BRIGGS & HILL  
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819 EAST NORTH STREET  
GREENVILLE, SOUTH CAROLINA 29601

2008-242-T  
TELEPHONE  
(864) 242-4995  
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(864) 242-5500

*June 19, 2008*



Public Service Commission  
P.O. Box 11649  
Columbia, SC 29211

***Re: Movers Not Shakers of the Carolinas, Inc.***

Dear Sir or Madam:

Enclosed please find the Transportation Cover Sheet, along with the proposed Tariff and Bill of Lading form. If we have omitted anything that is required or if we need to change anything, please let me know.

Sincere regards,



S. Allan Hill

/rlj

Enclosures

c: File

Movers Not Shakers of the Carolinas, Inc.



Serving Greenville, Spartanburg, Anderson  
P.O. Box 356 Greer S.C. 29652  
Phone: 864-801-1445  
Fax: 864-801-4499

## Tariffs

- Two movers \$75/hr Monday – Friday, \$95/hr Saturday, \$105/hr Sunday
- Each additional mover \$25.00/hour
- Time will be rounded to the nearest half hour for calculation
- A deposit equal to a 3 hour minimum at the applicable hourly rate may be required before services rendered
- Movers Not Shakers reserves the right to cancel for any reason.
- Travel time to and from the customer's location will be charged with a 30 minute minimum used each way
- No refunds or discounts
- Customer will be charged for waiting time same as hourly rate

### Additional Charges

- Additional charge of \$500/day to leave shipment on truck for multiple days or \$200 for an overnight load.
- Additional 1 hour for dryer installation which may include cord exchange and vent hose replacement
- Bulky item fee of \$125.00 will be charged for upright piano, pool table, hot tub, big screen TV, etc. Only Upright pianos can be moved.
- A fuel surcharge will be charged according to the DOE weekly index

### Addendum

Customer releases Movers Not Shakers for damage to particle board furniture when not disassembled and in original shipping package.

Not responsible for damage to items not packed by Movers Not Shakers.

It is the company's intent to move all items with the best of care in the safest manner possible, but any damages will be limited to the lesser of repair, replacement, or value of item damaged.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_



# MOVERS not SHAKERS



## LOCAL MOVING SERVICE

Serving Greenville, Spartanburg, Anderson

P.O. Box 356 Greer S.C. 29652

Phone: 864-801-1445

Fax: 864-801-4499

SCORS # 9758

## Bill of Lading

0001

Customer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Pick up location \_\_\_\_\_ Date: \_\_\_\_\_

Delivery Location: \_\_\_\_\_ Date: \_\_\_\_\_

Rates: Monday-Friday -\$75/hr Saturday - \$95/hr Sunday - \$105/hr  
\$25.00 per hour per additional mover. Additional charges may apply

Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Labor hrs \_\_\_\_\_ Travel hrs \_\_\_\_\_  
@ \$ \_\_\_\_\_

\_\_\_\_\_ Additional Movers at \$25.00/hr hrs \_\_\_\_\_ Total: \_\_\_\_\_  
Total: \_\_\_\_\_

Additional Charges \_\_\_\_\_  
\_\_\_\_\_

Check CC type \_\_\_\_\_ Cash Grand Total: \_\_\_\_\_  
CC# \_\_\_\_\_

Three hour minimum charge (may be required before services)  
Minimum 30 minutes or actual travel time applied

Estimated value of shipment: \$ \_\_\_\_\_

Insured Limit: \$ \_\_\_\_\_

Insurance limits acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_

Completion of work acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_